

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032737

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 170

Primary Registration District No. —

Registrar's No. 145

STATE FILE NUMBER

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN BENNETT SPRINGS-

Length of stay in 1b

2wks.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Bennett Spring State Park

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Jackson

c. CITY OR TOWN

Independence

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1228 W. Linden

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Samuel

Middle

Roderick

Last

May

4. DATE OF DEATH

Month Day Year

Aug. 9, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

10-1-09

9. AGE (last birthday)

53

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manufacturing Co.

10b. KIND OF BUSINESS OR INDUSTRY

Manufacturing

11. BIRTHPLACE (City and state or country)

Lamoni, Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

J. Charles May

13b. MOTHER'S MAIDEN NAME

Ethel G. Shakespeare

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

yes

WWII

16. SOCIAL SECURITY NO.

49

17. INFORMANT

J. CHARLES MAY, Independence, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

(Possibly Coronary)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☒ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

seen after death with Sheriff + Coroner

2 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul A. Jenkins M.D.

22b. ADDRESS

Knight Bldg Lebanon, Mo.

22c. DATE SIGNED

Aug 12, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

8-10-63

23c. NAME OF CEMETERY OR CREMATORY

Mound Grove

23d. LOCATION (City, town, or county)

Independence, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. J. Shadel Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.

8-12-1963

26. REGISTRAR'S SIGNATURE

Albela L. May

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 0530

2 7005

3 2

4 0

5 3

6

7 1

8 2

9 330X

10

11

12 91-0

13 1-0

AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Paul M. Abbott*

Licensed Embalmer No.

*5115*

P. O. Address

*Springfield, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 8-9-1963 D.S.D.